

THE VEHICLES of COPRODUCTION are RELATIONSHIPS and POWER SHIFTS

Project Purpose

The redistribution of power to enhance the role of the community in the design and delivery of services in the largest GP practice in Tower Hamlets.

Goals

PHASE 1: Identify 5 Community Quality Improvement (QI) themes

PHASE 2: QI projects implemented from these 5 QI themes via a new co-coaching model in the GP practice.

Decision Making via Coproduction

- Coproduction of the project name
- Coproduction of Door Knocking Questions
- Coproduction of World Café questions and event
- Coproduction of Data Analysis and Presentations

Darzi Fellow System Leader & Catalyst

(Sep 2019-Sep 2020)

- United 11 organisations into a monthly project steering group from November 19- September 20 (See Figure 1)
- Darzi Fellow sourced a Project Team that consisted of five Community Staff with Lived Experience of Physical and Mental Health Problems, Disabilities, BAME languages and Cultures. Community staff were 50% of the Project team, and 5 professionals constituted the other 50%. The team spoke 4 languages, represented diverse cultures, and disabilities. and consisted of 5 Organisations (See Figure 2)
- Community staff were also part of the Steering groups November – September 2020.
- Data Analysis Team originally consisted of 3 Community Volunteers 75 % and 1 Staff member 25% pre-Covid, 50%-50% Covid : included BAME, Disabilities, Sexualities (See figure 3).

STEERING GROUP, PROJECT TEAM AND RESULT ANALYSIS TEAM



Relationships are key

VOLUNTEERING HOURS FOR THE PROJECT

346 hours in total Volunteering	Door Knocking: 48 hours
World café: 35 hours	Data analysis, evaluation and presentations : 263 Hours

COMMUNITY PROJECT TEAM COPRODUCTION EVALUATION

What was it like being part of the Darzi project team?

- “Exciting, and I felt very involved “
- “It was great being part of the team, views were respected and no one was made to feel less valued.”
- “Novel, interesting, time-intensive”
- “I was able to see that I and my other community colleagues were valuable.”
- “However at times I was unsure of the purpose of the project. This became a little clearer once we started the door knocking.”

PHASE 1: DOOR KNOCKING

The Coproduced door knocking Question, engaged the community in co-discovery of the issues asking

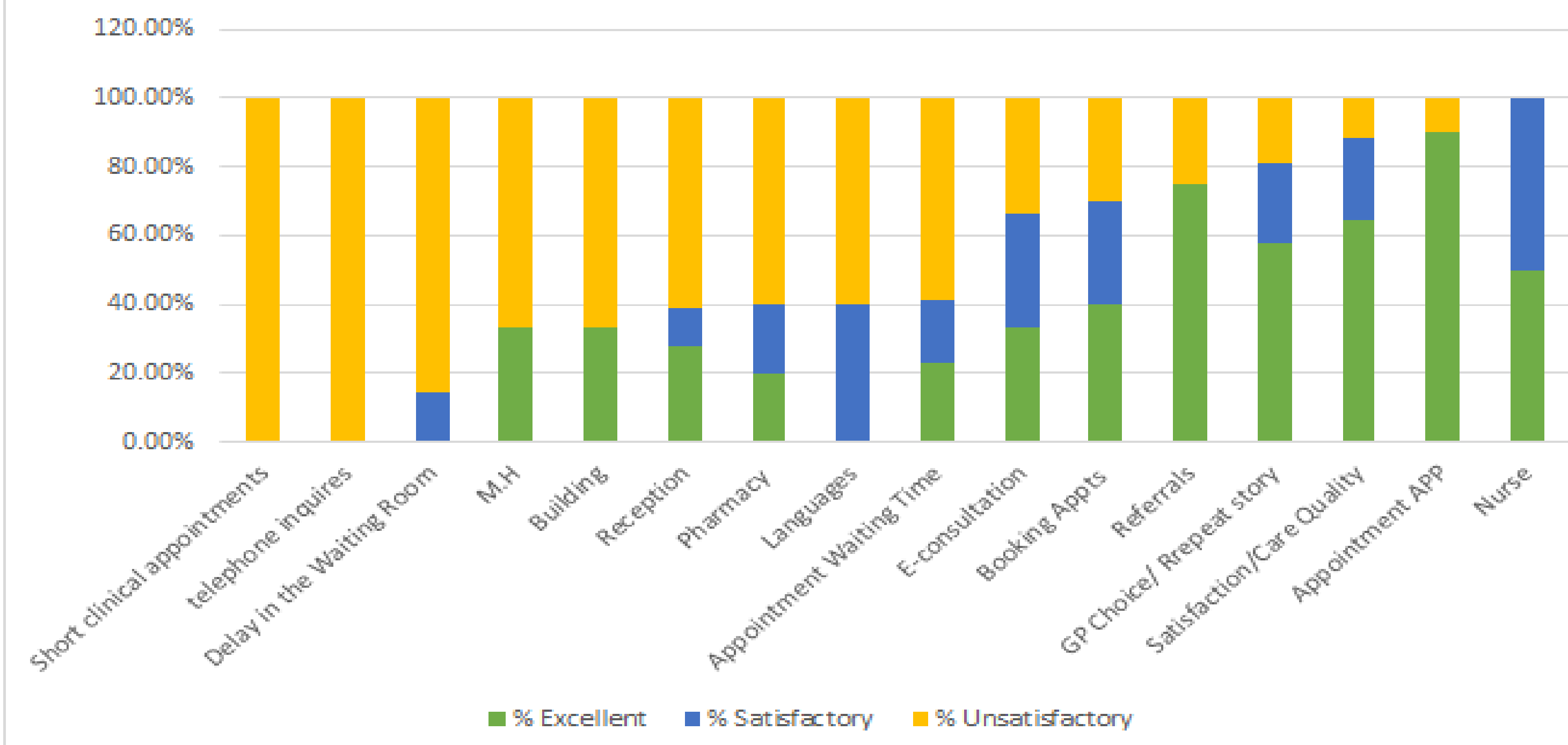
What matters to you about your local GP practice?

DARZI FELLOW EMBEDS DIVERSITY INTO THE FABRIC OF COPRODUCTION, RELATIONSHIPS AND METHODOLOGY

- Staff volunteers (across organisations and boroughs) and Community Volunteers took part in door knocking
- 3 Door knocking events. Total of 32 people completed the door knocking over 188 hours, and a total of 141 forms people interviewed (pre-Covid February and March 2020).
- Darzi fellow ensured that a community member self selected pairing with a staff member, blurring boundaries and redressing of "the them and us culture " .
- Darzi Fellow ensured the self selected pairing took mobility issues, languages, balance of staff and community members into account
- Darzi Fellow ensured power sharing of leadership roles, in terms of team leadership. Some staff led door knocking teams, whilst some community led other teams, ensuring distributed leadership.
- Targeted patient interviews in the practice, at bus stops, and Door knocking in the local squares, and the local council estate.
- 46% staff- 66% Community representation in the door knocking teams, and community represented 4 organisations. Staff volunteers included the GP practice site manager, a social prescriber, and staff from other boroughs, which evidences the Darzi project being a system catalyst for people across the system.

RESULTS

What matters to the patients Door knocking results in Barkantine GP practice March 2020



COMMUNITY IDENTIFIED QI THEMES

Short Length of Clinical Appointments	Pharmacy : Near Misses and Never Events
Waiting Times (pre-covid)	Reception capacity and privacy
Telephone system	Waiting time for appointment
Mental health	Navigating the system

COMMUNITY EVALUATION

How was the door knocking ? How were the relationships when being paired with a professional

- “Too many leaflets handed out to people who were not at home”
- “Was good I think helped professional to be on ground level”
- “Engaging and supportive”
- “I was only able to attend one of these sessions and felt very well supported as was able to make some good contacts.”
- “Preferred meeting and talking to people face to face.”
- “I think coming from the angle of being able to share some of my lived experience really helped engage some of the more vulnerable members of the community.”

PHASE 1: WHAT MATTERS TO GP PRACTICE STAFF?

STAFFING

SERVICE DELIVERY ISSUES

- Struggles to recruit more stable, regular , permanent clinicians
- Continuity of care and management plan
- Workload increasing with no end in sight
- More staff and doctors and nurses in reception

- More GP appointments
- Stable nursing team
- How to engage and manage e consult
- Patients happy with our services
- Good access
- Respect from Patients
- Longer time with patients
- More on the day appointments
- No clinic Cancellations
- Asset Based Approach to healthcare

TEAM ISSUES

PATIENTS and COMMUNITY

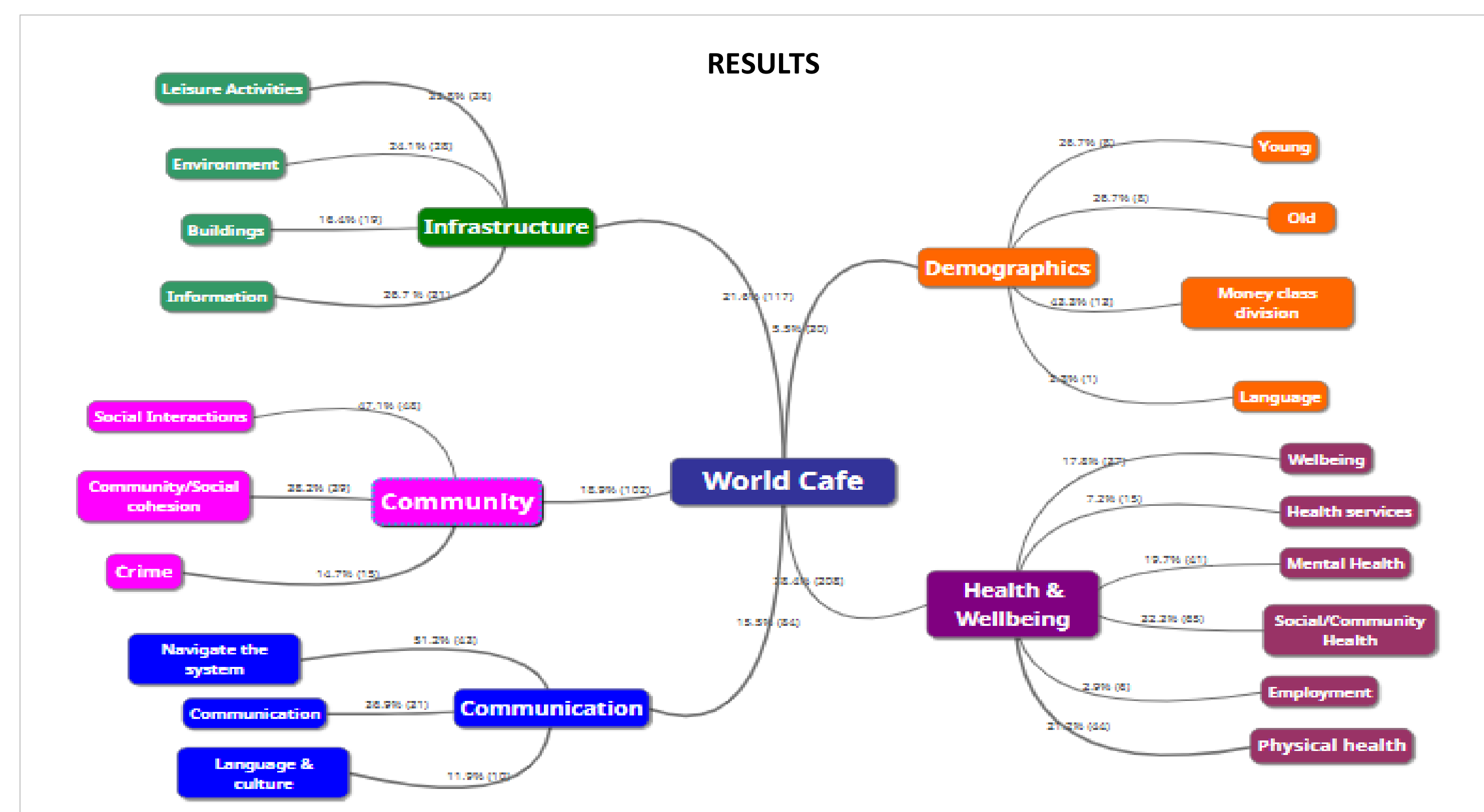
- Team very Supportive
- Not getting stressed
- Seeing happy colleagues
- Enjoy long term relationships with colleagues
- Cohesive /supportive working environment
- Feeling Supported in the role
- Good working environment and relationships

- Be part of local community
- Developing services for our patients
- Providing quality care .
- Enjoy long term relationships with patients
- Patients feeling valued and respected
- Providing good access to services
- Improving Patient health
- Good outcomes through team work

EVEN BETTER TEAM ISSUES

- Awards/recognition for performance
- Fixed annual pay rise and paid lunch
- Equal rights for all colleagues
- More annual leave and more parking spaces
- Team bonding parties
- Better Communication and Building trust
- More Cohesion within the Multi Disciplinary Team
- Better communication and Less paperwork

PHASE 1: WORLD CAFE: MARCH 20 (pre lockdown)



COPRODUCTION TEAMS and VOLUNTEER OFFERS

Teaching maths to children	Parental groups re knife crime
Yoga / Coffee morning for isolated elderly people	Befrienders to navigate the system
Facilitate music, art, gardening groups	Mental health: Volunteer therapist
Community Website & Posters	Exercise and running groups

COMMUNITY EVALUATION

How was the world café? Was there power sharing in decision making during the world cafe?

- “Not enough people”
- “Views were taken from both parties“
- “The World Café was Well prepared”
- “Yes this was a big effort for the few people that put this together as there were a lot of last minute changes with UEL not continue at the last minute.”
- “It was a joint effort that I feel given the circumstances went incredibly well. We all worked together, and worked hard.”
- “Yes - certainly professionals were able to take over the facilitation/lead; there was certainly sharing of responsibilities and definition of roles within the café

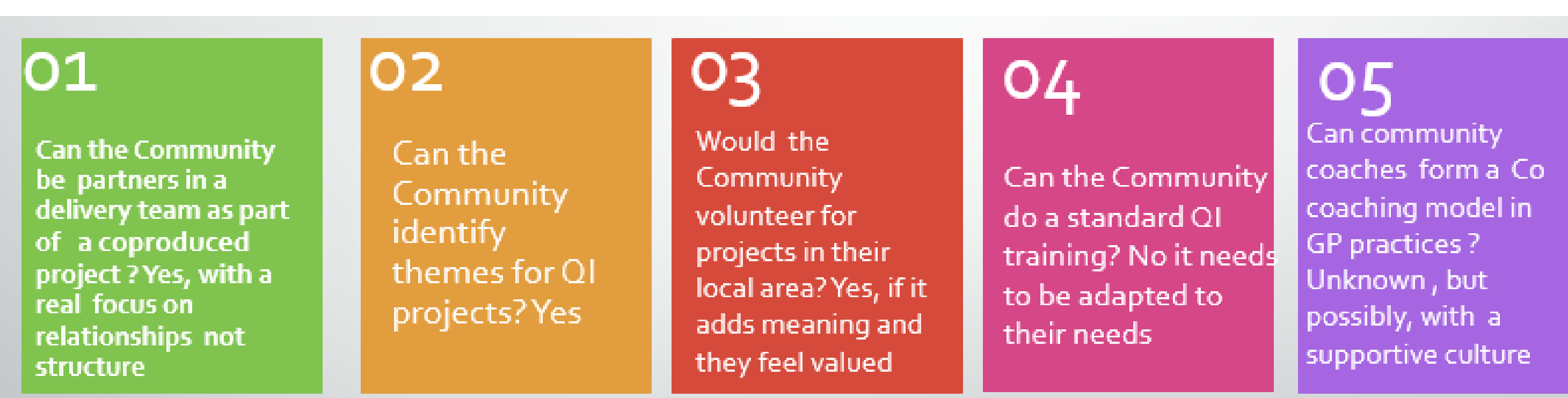
World Cafe Participant Feedback

- Encouragement for/from the community
- Enjoyed socializing

PARTICIPANT QUOTES

- “Stops you feeling lonely if you keep busy.”; “Loneliness comes with age”; “We are all lonely, sitting down and crying”
- “Social groups, they always mention something about that but nothing is done.”
- “I would love a sewing group. I could help with organising it, except I cant sew.”
- “Group of 10... to set up the Bengali women's group, if she had somewhere to do it..
- Need £5 per month contribution from people for a coffee morning
- Group to visit the elderly. I don't mind organising it, as I am a mental health nurse..
- “There is always bikes being stolen”; “Dangerous drivers...there is a boy racer, meeting next to a tunnel. It is frustrating for the people”; “Group of boys hanging around in the area.”
- “The fit group- community group “Isle of Dogs”; “Walking group and Communicating around fitness initiatives”

PHASE 2 NOVEMBER 2020: IMPLEMENTATION OF COMMUNITY IDENTIFIED QI THEMES VIA CO-COACHING MODEL IN THE COMMENCES



Did you feel there was power sharing in the decision making in the project team? when did it work, and when did it not work?

- “It felt like we all made decisions together”.
- “Power sharing was good as a local and user it helped to be part of the decision making”
- “To some extent on the approach to completing and sharing a workload on some project tasks;
- “I think M. tried to encourage power sharing but ultimately as this project was not co produced from inception
- “Not on the direction of the project or resource allocation”
- “The ultimately the power was with M. as she had the overview of what she wanted to achieve and how.